PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail or Fax				Mail Stop ISSU) Commissioner fo P.O. Box 1450 Alexandria, Viry 571) 273-2885	E FEE or Patents ginia 22313-1450		
INSTRUCTIONS: This for	rm should be used for tran	smitting the ISSUE FEE		•	ired). Blocks 1 through 5	should be completed where	
appropriate. All further con indicated unless corrected in	rrespondence including the below or directed otherwise	Patent, advance orders an in Block 1, by (a) specif	d notification of lying a new con	f maintenance fees v respondence address	vill be mailed to the current; and/or (b) indicating a set	should be completed where t correspondence address as parate "FEE ADDRESS" for	
maintenance fee notification	DS. LE ADDRESS (Note: Use Block I for						
28159 7590 12/15/2005				ec(s) Transmittal. The apers. Each addition ave its own certificat	for domestic mailings of the for any other accompanying nent or formal drawing, must		
P.O. BOX 3003	CAL SYSTEMS ECTUAL PROPERTY EVERETT HIGHWA	I IAN O	1 7006 IS	Ce	rtificate of Mailing or Tras		
BOTHELL, WA 9	8041-3003	\\ <u>\\\</u>	æ/.	Jill Pelstrop		(Depositor's came)	
		A. Samo De	NA REPUBLICA	all The	trus)	(Signature)	
		JAN O		4 Januar	4 2006	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/574,688	05/17/2000	Anthony G. Picar			1		
09/574,688 05/17/2000 Anthony G. Picardo TITLE OF INVENTION: SMART MEDICAL CONNECTOR SYSTEM AND METHOD OF USE 01/04/2006 MGEBREHZ 00000000 141270 09 574 688 09 574 68							
THE OF INVENTION: 5	WARI MEDICAL CONNE	CIOR STSTEM AND ME	ETHOD OF USI	01 FC:1501 02 FC:8001	1400.00 DA 6.00 DA	043770	
APPLN. TYPE	SMALL ENTITY	ISSUE FE€	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	03/15/2006	
EXAMINER		ART UNIT	CLA	\$\$-\$UBCLASS]		
BOCKELMAN, MARK 376				07-005000			
CFR 1.363). Change of correspond Address form PTO/SB/12 Tree Address* indicate	e address or indication of "Fo lence address (or Change of 12) attached. ion (or "Fee Address" Indica or more recent) attached. Use	Correspondence (1) the or age (2) the storm register (2 reg	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Koninklijke Philips Electronics N.V. Eindhoven, the Netherlands							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 💥 Corporation or other private group entity 🔲 Government							
4a. The following fee(s) are enclosed: 4b. Payment of							
Issue Fee		→ A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.					
☐ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies2			The Director is bereby suthorized by charge the required fee(s), or credit any overpayment, to				
		- Leposit	Account Numb	er 14-1270	(enclose an extra c	opy of this form),	
	(from status indicated above) AALL ENTITY status, See 3				I Proposed 4 1 0 mg m	55 1 55/ 1/61	
					L ENTITY status. See 37 C		
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered anomey or agent; or the assignee or other party in necess as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature	WB. tm y	aluf		Date	1/4/2006	·	
Typed or printed name		Ιτ.			No. <u>28.923</u>		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and unbmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trudemark Office, U.S. Department of Commerce, P.O. Sox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Index the Papersport Reducing the Papersport Reducing Act of 1005 population and papers are required to represent the papersport Reducing Act of 1005 population are required to represent the papersport Reducing Act of 1005 population are required to represent the papersport Reducing Act of 1005 population are required to represent the papersport Reducing Act of 1005 population and papers are required to represent the papers of the pape							
Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							